

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	2					
4	1	1				
5		2				
6	1					
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TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND	DEP
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